Abstract

Introduction: Metastases to Delphian lymph node is rarely present in laryngeal malignancy. This report describes its frequency in patients with glottic cancer undergoing supracricoid partial laryngectomy (SCPL) with cricohyoidoepiglottopexy (CHEP). Material and methods: Fourteen patients (13 male and 1 female) with a mean age of 58 years underwent a SCPL with CHEP and functional bilateral neck dissection (levels II-V) searching for the Delphian lymph node. Four patients were in stage I, five in stage II, four in stage III, and one in stage IV. Surgical margins and Delphian lymph nodes were searched for in each partial laryngectomy sample. Results: The mean follow-up was 9 months. The right-side dissection yielded an average of 18 lymph nodes and the left-side dissection yielded an average of 22 lymph nodes, with no metastatic disease on the ultimate examination. Only one patient (7%) revealed a carcinoma-positive Delphian lymph node, and 6 months later a metastatic lymph node was found on the same side as the primary tumor. The patient underwent standard radiation therapy (66 Gy) targeted to larynx and lymph node areas, as well as to the supraclavicular region (20 Gy). Discussion: Bilateral functional dissection is indicated in the presence of Delphian lymph node metastatic spread. Postoperative radiation therapy may occasionally be used as an adjuvant treatment in cases with positive Delphian lymph node in spite of a negative functional dissection in partial laryngectomies due to other possible node spread routes. Bilateral functional dissection should be chosen based on tumor site and size.

Keywords
delphian lymph node, partial laryngectomy, glottic cancer, cricohyoidoepiglottopexy